



## TEXAS MOVING IMAGE INDUSTRY INCENTIVE PROGRAM PRODUCTION VERIFICATION WORKSHEET

Project Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Project ID #: \_\_\_\_\_

### TEXAS EXPENDITURE VERIFICATION

Eligible Payroll Expenditures: \$ \_\_\_\_\_  
Eligible AP Expenditures: \$ \_\_\_\_\_  
Eligible PC/DC/CC Expenditures: \$ \_\_\_\_\_  
**Total Eligible Expenditures:** \$ \_\_\_\_\_

### TEXAS RESIDENCY VERIFICATION

Total Crew: \_\_\_\_\_ Total Cast: \_\_\_\_\_  
Texas Crew: \_\_\_\_\_ Texas Cast: \_\_\_\_\_  
**Texas Crew Pct:** \_\_\_\_\_ % **Texas Cast Pct:** \_\_\_\_\_ %

### TEXAS PRODUCTION DAYS VERIFICATION

Total Production (Shoot) Days: \_\_\_\_\_  
Texas Production (Shoot) Days: \_\_\_\_\_  
**Texas Production Shoot Days Pct:** \_\_\_\_\_ %

I declare, under penalty of perjury, that I have examined this document and the verifying documentation submitted.  
To the best of my knowledge and belief, all information provided is true, correct and complete.

\_\_\_\_\_  
Signature of Applicant Representative      Printed Name      Date

Person in possession of original documentation and to be contacted if there are questions regarding submission:

\_\_\_\_\_  
Printed Name and Title      Phone Number      E-Mail Address